

# GIC Health Plan Rates – Monthly Rates as of July 1, 2010

## For THE TOWN OF GROVELAND ENROLLEES



### Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

*Includes 0.33% Administrative Fee*



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	25%	\$104.06	\$249.74
Fallon Community Health Plan Select Care	25%	124.82	299.56
Harvard Pilgrim Independence Plan	25%	151.25	369.44
Harvard Pilgrim Primary Choice Plan	25%	120.04	293.21
Health New England	25%	103.85	257.42
Tufts Health Plan Navigator	25%	145.45	353.17
Tufts Health Plan Spirit	25%	115.44	280.29
NHP Care ( <i>Neighborhood Health Plan</i> )	25%	103.72	274.86
UniCare State Indemnity Plan/Basic <i>with</i> CIC ( <i>Comprehensive</i> )	25%	201.63	470.74
UniCare State Indemnity Plan/Basic <i>without</i> CIC ( <i>Non-Comprehensive</i> )	25%	192.34	449.19
UniCare State Indemnity Plan/Community Choice	25%	101.99	244.77
UniCare State Indemnity Plan/PLUS	25%	140.71	335.81

### Retirees and Survivors *WITH MEDICARE*

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	25%	\$ 56.56
Harvard Pilgrim Medicare Enhance	25%	94.86
Health New England MedPlus	25%	90.84
Tufts Health Plan Medicare Complement	25%	87.98
Tufts Health Plan Medicare Preferred*	25%	55.81
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC ( <i>Comprehensive</i> )	25%	90.81
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC ( <i>Non-Comprehensive</i> )	25%	88.14

\* Rates are subject to federal approval and may change January 1, 2011.

*Rates are Calculated by the Town of Groveland Benefits Office.*

**Rate questions? Call: 1.978.372.6861**